| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2004    10   649613 |                                                 |                                                                 |                                  |                                   |                      |                                    |                                              |                      |                         |       |                |                        |
|---------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|----------------------------------|-----------------------------------|----------------------|------------------------------------|----------------------------------------------|----------------------|-------------------------|-------|----------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                 |                                                                 |                                  |                                   |                      |                                    | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                      |                         |       |                |                        |
| TO                                                                                    | OTAL CLAIMS                                     |                                                                 |                                  |                                   |                      |                                    |                                              | RATE                 | FEE                     | ]     | RATE           | FEE                    |
| FOR                                                                                   |                                                 |                                                                 | NUMBER FILED                     |                                   | NUMBER EXTRA         |                                    | B/                                           | ASIC FEE             | 395.00                  | OR    | BASIC FEE      | 790.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                 |                                                                 | minus 20=                        |                                   | •                    |                                    |                                              | 25                   |                         | OR    | x.50           |                        |
| INDEPENDENT CLAIMS                                                                    |                                                 |                                                                 | minus 3 =                        |                                   | •                    |                                    |                                              | 100                  |                         | OR    | ×200           |                        |
| ML                                                                                    | JLTIPLE DEPEN                                   | NDENT CLAIM P                                                   | RESENT                           |                                   |                      |                                    |                                              |                      |                         |       |                | <del></del>            |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                                                 |                                                                 |                                  |                                   |                      |                                    |                                              | -/ <i>30</i><br>OTAL |                         | OR    | +360<br>TOTAL  |                        |
| CLAIMS AS AMENDED - PART II                                                           |                                                 |                                                                 |                                  |                                   |                      |                                    |                                              |                      | l                       | ] 011 | OTHER          | THAN                   |
|                                                                                       |                                                 | (Column 1)                                                      | (Column                          |                                   | nn 2)                | (Column 3)                         | s                                            | MALL                 | ENTITY                  | OR    | SKALL          |                        |
| AMENDMENT A                                                                           | 1/28/5                                          | CLAIMS REMAINING AFTER AMENDMENT                                |                                  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>JUSLY         | PRESENT<br>EXTRA                   |                                              | RATE                 | ADDI-<br>iTONAL<br>FEE  |       | RATE           | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                           | . 16                                                            | Minus                            | - 20                              | j<br>                | =                                  | ×                                            | 25                   |                         | OR    | ×50.           |                        |
|                                                                                       | Independent                                     | ·                                                               | Minus                            | 3                                 |                      | =                                  | ,                                            | 100                  |                         | OR    | *200           |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                                                 |                                  |                                   |                      |                                    | +                                            | 180                  |                         | OR    | 12/11          |                        |
|                                                                                       | •                                               |                                                                 |                                  |                                   |                      |                                    | J                                            | TOTAL                |                         |       | 14101          |                        |
|                                                                                       | (Column 1) (Column 2) (Column 3)                |                                                                 |                                  |                                   |                      |                                    | ADD                                          | OIT. FEE             | ·                       |       | ADDIT. FEE     |                        |
| NO SILL                                                                               |                                                 | CLAIMS<br>REMAINING<br>AFTER                                    |                                  | HIGHE<br>NUMB<br>PREVIO<br>PAID   | ST<br>IER<br>USLY    | PRESENT<br>EXTRA                   | F                                            | ATE,                 | ADDI-<br>TIONAL:<br>FEE |       | RATE           | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                           |                                                                 | Minus "                          |                                   |                      | = .                                | <b>*</b>                                     | 25                   | }<br>                   | 08    | x50.           |                        |
| AF                                                                                    | Independent Minus                               |                                                                 |                                  |                                   |                      |                                    | ×                                            | 100                  |                         | OR    | 1200           | -                      |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. |                                                                 |                                  |                                   |                      |                                    |                                              |                      |                         | OR    | +360           |                        |
|                                                                                       |                                                 |                                                                 |                                  |                                   |                      |                                    | L                                            | ./80<br>TOTAL        |                         |       | TOTAL          |                        |
|                                                                                       |                                                 |                                                                 |                                  |                                   |                      |                                    |                                              | IT. FEE              | أحيصهم بالملهم          | OII , | ADDIT. FEE     |                        |
| AMENDMENT C                                                                           |                                                 | CLAIMS REMAINING AFTER AMENDMENT                                |                                  | HUME<br>HUME<br>PREVIO<br>PAID F  | ER<br>USLY           | PRESENT<br>EXTRA                   | R                                            | ATE                  | ADDI-<br>TIONAL<br>FEE  |       | RATE           | TIONAL<br>FEE          |
|                                                                                       | Total                                           | *                                                               | Minus                            | ·<br>##                           |                      | ;<br>=                             | V                                            | 25                   |                         | OR    | ×50            |                        |
|                                                                                       | Independent                                     | *                                                               | Minus                            | ***                               |                      | =                                  |                                              | 100                  |                         | OR    | 4200           |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                                                 |                                  |                                   |                      |                                    |                                              | 180                  |                         | . 1   | 210            |                        |
| * If the entry in column 1 is less than the entry in column 2, write 10 in column 3.  |                                                 |                                                                 |                                  |                                   |                      |                                    |                                              |                      |                         | OR    | +3601<br>101AL | f                      |
| ** (                                                                                  | tithe "Highest Nur<br>If the "Highest Nur       | nber Previously Pa<br>fiber Previously Pa<br>ber Previously Pak | id For IN THIS<br>Id For IN THIS | S SPACE IS<br>S SPACE IS          | less tha<br>less tha | n 20, enter "20."<br>n 3, enter "" | ADD                                          | T. FEE               | <del>ا</del> سبب        |       | DOM. FEE       |                        |

Application or Docket Number